

**STATE OF MICHIGAN**  
**DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE SERVICES**  
**Before the Commissioner of Financial and Insurance Services**

In the matter of

XXXXX

Petitioner

File No. 87583-001-SF

v

Blue Cross and Blue Shield of Michigan  
Respondent

/

**Issued and entered  
this 24th day of March 2008  
by Ken Ross  
Commissioner**

**ORDER**

**I  
PROCEDURAL BACKGROUND**

On February 4, 2008, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Services under Public Act No. 495 of 2006 (Act 495), MCL 550.1951 *et seq.* The Commissioner reviewed the request and accepted it for external review on February 11, 2008.

Under Section 2(2) of Act 495, MCL 550.1952(2), the Commissioner conducts this external review as though the Petitioner was a covered person under the Patient's Right to Independent Review Act (PRIRA), MCL 550.1901 *et seq.*

The Commissioner notified Blue Cross and Blue Shield of Michigan (BCBSM) of the external review and requested the information used in making its adverse determination. The Commissioner received BCBSM's response on February 19, 2008.

The Petitioner is enrolled for health coverage through the Michigan Public School Employees Retirement System (MPERS), a self-funded group. BCBSM administers the plan.

The issue in this external review can be decided by a contractual analysis. The contract involved here is the MPSERS/BCBSM *Your Benefit Guide* (the guide), the document that describes the Petitioner's coverage. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## **II FACTUAL BACKGROUND**

On September 12, 2007, the Petitioner had a colonoscopy performed by Dr. XXXX of XXXX. The total charge for the professional service was \$959.00. BCBSM denied payment for this care.

The Petitioner appealed BCBSM's payment denial. BCBSM held a managerial-level conference on January 10, 2008, and issued a final adverse determination dated January 18, 2008.

## **III ISSUE**

Is BCBSM required to pay for the Petitioner's September 12, 2007, colonoscopy?

## **IV ANALYSIS**

### **Petitioner's Argument**

The Petitioner says that during the summer of 2007 he noticed bleeding from his rectum several times. At an appointment with his primary care physician in August 2007 the Petitioner suggested he might need a colonoscopy. His doctor agreed and scheduled the procedure but in the referral to Dr. Sharma the bleeding was not mentioned.

The Petitioner believes that because of his symptoms the colonoscopy was done for a medical purpose and was not a screening procedure. He thinks the colonoscopy is a covered benefit and BCBSM should be required to pay for it.

### **BCBSM's Argument**

BCBSM says that routine examinations and services, i.e., those unrelated to a previously diagnosed disease, illness, or injury, are excluded from coverage. The guide indicates on page 24:

Surgical procedures are covered when required for the diagnosis and treatment of a disease or injury and performed in an approved location such as a hospital or ambulatory facility.

The guide also says on pages 44-45:

#### **Exclusions and limitations**

The following exclusions and limitations apply to your health plan benefits. These conditions are in addition to other applicable exclusions and limitations listed elsewhere in this booklet.

\* \* \*

- Services for premarital and pre-employment examinations and routine examinations or services including pelvic or periodic physical examinations unrelated to the existence of previously diagnosed specific disease, illness or injury. [Underlining added]

Based on the language above, BCBSM says that a routine colonoscopy done for screening purposes and unrelated to the existence of previously diagnosed specific disease, illness, or injury is not a covered benefit.

BCBSM reviewed the office notes of the Petitioner's primary care physician and they do not reflect the signs and symptoms the Petitioner (rectal bleeding) mentioned in his complaint. Rather, the office notes show that the diagnosis is "screening" and the service requested is "colonoscopy".

BCBSM also requested a copy of the operative report from Dr. XXXXX, who performed the colonoscopy. That report indicates the preprocedure diagnosis was "screening for colon polyps and cancer, average risk patient." Dr. XXXXX billed the procedure as a routine colonoscopy. Since the guide does not cover care for routine examinations or services, BCBSM believes it was correct when it denied coverage for this care.

#### **Commissioner's Review**

The guide describes how benefits are paid. It explains that "routine examinations or services" (those not done for the diagnosis and treatment of a disease or injury) are not covered. Therefore, a routine or screening colonoscopy is not a covered benefit under the guide provisions.

BCBSM points out that the Petitioner's doctors' notes do not reflect the Petitioner's symptoms as a reason for his colonoscopy; rather they indicate the colonoscopy was routine and

for screening purposes and that the Petitioner was an average risk patient. The Petitioner provided no documentation supporting that his colonoscopy was provided for other than routine or screening purposes. Therefore, the Commissioner concludes the Petitioner's September 12, 2007 colonoscopy was done for screening purpose and is therefore not a covered benefit under the terms of his coverage.

**V  
ORDER**

BCBSM's final adverse determination of January 18, 2008, is upheld. BCBSM is not required to cover the Petitioner's September 12, 2007, colonoscopy.

This is a final decision of an administrative agency. A person aggrieved by this Order may seek judicial review no later than 60 days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. See MCL 550.1915(1), made applicable by MCL 550.1952(2).

A copy of the petition for judicial review should be sent to the Commissioner of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.